SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Samp Recolled E m

001 112016

ENTERED Permit #: Refund: Date: Amount Paid: 10-24-16 01-12-01 16-0382

increasons. No normi	pactoractions. No permits will be issued until all fees are paid.			Refund:		
Checks are made payable to DO NOT START CONSTRUC	Checks are made payable to: Bayfield County Zoning Department. Bayfield County Zoning Department. Bayfield County Zoning Department.	Bayfield Co. Zoning Dept.	ng Dept.			
TYPE OF PERMIT RE	TYPE OF PERMIT REQUESTED—> ■ LAND USE □ SAN	□ SANITARY □ PRIVY □	☐ CONDITIONAL USE	☐ SPECIAL USE	🛮 в.о.д. 🔲 с	OTHER
Owner's Name:		Mailing Address;		þ:	Telephone	īē;
Steen	Tetras	7540 Ondossing Led		Weshbur WI SYSG	7	
Address of Property:		City/State/Zip:			Cell Phone:	ě.
75/10 Ondersion	nosaca Re	Workbon	W 54871		750	15-292-1498
Contractor:		Contractor Phone:	Plumber:		Plumber Phone:	Phone:
Authorized Agent: (Pe	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	iclude City/State/Zip):	Written Author Attached	Written Authorization Attached □ Yes □ No
PROJECT LOCATION	Legal Description: (Use Tax Statement)	<u>PIN</u> : (23 digits) 04- 050 -1-48-05-02-505-060-3080	5-02-303-00	Recordec	1088 Page(s) 420	erty Ownership) (s) 420
S 4/2 SWE 44	Gov't Lot Lot(s)) CSM Vol & Page	Lot(s) No.	Block(s) No. Subdivision:	on:	
Section 02	Section 02 , Township 18 N, Range 05	W Washbon	bin	Lot Size	Acreage	0.2
	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	er, Stream (incl. Intermittent) If yes—continue	Distance Structure is from Shoreline:	s from Shoreline : feet	Is Property in Floodplain Zone?	Are Wetlands Present?
☐ Shoreland —	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	ke, Pond or Flowage	Distance Structure is from Shoreline :	s from Shoreline :	□ Yes	☐ Yes
₩ Non-Shoreland						

Proposed Construction	Existing Structur				III y	haso.	Λ·		Value at Time of Completion * include donated time & material
uction:	Existing Structure: (If permit being applied for is relevant to it)		Property	☐ Run a Business on	Relocate (existing bldg)	□ Conversion	op Addition/Alteration	New Construction	Project
	r is relevant to it)		□ Foundation	☐ No Basement	□ Basement	☐ 2-Story	☐ 1-Story + Loft	1-Story	# of Stories and/or basement
Length: 40	Length: イク						U ¥éar Round	☐ Seasonal	Use
e	C			None		u u	2	1	# of bedrooms
Width: / C Height	Width: 4 (2 Height:	□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or Vaulted (min 200 gallon)	L Sanitary (Exists) Specify Type: 4/	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: (S				-	Ogallon)		TARE	☐ City	Water

Proposed Use		Principal Structure (first structure on property) Residence (i.e. cabin, hunting shack, etc.) with Loft	Proposed Structure tructure on property) (ing shack, etc.) (
Desidential Use		with Loft with a Porch	
Rec'd for Issuance		with (2 nd) Porch with a Deck	
ort o / John	named Alexander	with (2 nd) Deck	
Commercial Use		with Attached Garage	
		Bunkhouse w/ (□ sanitary, or □ sle	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) (
And the state of t		Mobile Home (manufactured date)	
mer)		Addition/Alteration (specify)	a towns /
Municipal Use		Accessory Building (specify)	
	Ę	Accessory Building Addition/Alteration (specify)	ration (specify)
		Special Use: (explain)	and the design of the second s
]	Conditional Use: (explain)	

	(If there are Multiple Owners listed on the Deed MI Owners must sign or letter(s) of authorization must accompany this application)
Date 4-25-16	Owner(s):
o issue a permit. I (we) further accept liability which ministering county ordinances to have access to the	am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of the
THES correct and complete. I (we) acknowledge that I (we)	FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and comp

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Setback from the North Lot Line
Setback from the South Lot Line
Setback from the West Lot Line
Setback from the East Lot Line Issuance Information (County Use Only) Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Hold For Sanitary: Granted by Variance (B.O.A.)

☐ Yes □NO Permit #://*0-*0382 Setback to Privy (Portable, Composting) Setback to Drain Field Setback to Septic Tank or Holding Tank Setback from the Established Right-of-Way Setback from the Centerline of Platted Road In the box below: Draw or Sketch your Property (regardless of what you are applying for) Inspection Record: 乙ょらよういろ Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Permit Denied (Date): Signature of Inspector: Condition(s):Towr arked by a licen Was Parcel Legally Created Was Proposed Building Site Delineated Please complete (1) - (7) above (prior to continuing) PCM1+ te of Inspection: to the placement or construction of a structure within ten (10) feet of the minimum r r previously surveyed comer or marked by a licensed surveyor at the owner's expense かといろして 8 (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). Show any (*): Show any (*): Show: Show: **Show Location of:** Show / Indicate: Setbacks: (measured to the closest point) Show Location of (*): NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code
The local Town, Village, City, State or Federal agencies may also require permits. Committee or Board Conditions Attached? Description 7/27/2016 Case #: ☐ Yes (Deed of Record)
☐ Yes (Fused/Contiguous Lot(s))
☐ Yes Hold For TBA: T. じょうくのと Myes □ No < 12 1410 W S 4 All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road) 700 また Down way On Assayes Sanitary Number: Trywy TA Inspe Permit Date: Reason for Denial: E FA-T 400 「Yes 「No-(If <u>No</u> they need to be attached.) 2 737 Hold For Affidavit: No NA 0-24-110 Feet Feet Feet Feet Feet Feet Feet No DITE 500 P.OFCZ Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) Were Property Lines Represented by Owner
Was Property Surveyed Yes WNo idary line from which the setback must be measured must be visible from Setback to Well Setback from the Lake (ordinary high-water mark)
Setback from the River, Stream, Creek
Setback from the Bank or Bluff 20% Slope Area on property Elevation of Floodplain Š 1 Changes in plans must be approved by the Planning & Zoning Dept. JONI 47 X AS # of bedrooms: Hold For Fees: □ Not ☐ Yes Description Case #: 二十七 Affidavit Required Affidavit Attached Zoning District □Yes Lakes Classification Date of Re-Inspection: Date of Approval: one previ ☐ Yes Measurement ☐ Yes reyed corner to the /24//6 N N □No N N N Feet Feet Feet Feet Feet

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Washburn, WI 54891 Bayfield County
Planning and Zoning Depart.
PO Box 58

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) -1 20 50 เกก

(715) 373-6138

Refund: Date: Permit #: Amount Paid: 8 10-24-16 6-0383

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPUCANT.

BAYTIGID CO. Z.

PRIVY Non-Shoreland **Existing Structure:** (if permit being applied for is relevant to it) **Proposed Construction:** Owner's Name Ś ☐ Shoreland Authorized Agent: (Person Signing Appl Address of Propert of Completion Value at Time donated time & Municipal Use 2/10/10 PROJECT LOCATION Residential Use FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

am (are) responsible for the detail and accuracy of all information | fwe| am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) acknowledge that I (we) may be a result of Bayfield County relying on this information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purposer of inspection. 6000. Proposed Use material Commercial Use Red for Issua: Stores Secretarial Staff include (1) Section N. S. Ondoss SOZ , Township TYSIV N, Range Relocate (existing bidg)
Run a Business on
Property Ę New Construction Addition/Alteration ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage

yes---continue Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes--Tet znur Conversion Sind Project < Other: (explain) Special Use: (explain)
Conditional Use: (ex tion on behalf of Owner(s)) Residence (i.e. cabin, hunting shack, Principal Structure (first structure on property) Mobile Home (manufactured date) Accessory Building Addition/Alteration (specify) Addition/Alteration (specify) Bunkhouse w/ (Accessory Building Gov't Lot □ 2-Story
□ Basement
□ No Baseme # of Stories and/or basement ☐ 1-Story + Loft with a Porch with (2nd) Porch with Attached Garage with (2nd) Deck with a Deck with Loft 1-Story Foundation No Basement ROSW sanitary, Lot(s) (specify) PIN: (23 digits) ٤ City/State/Zip: Mailing Address Contractor Phone: 75110 Ondossagon kishburn 🗌 sleeping quarters, <u>or</u> 🗎 **Proposed Structure** Length: ☐ Seasonal

• Year Round Length: (incl. Intermittent) continue Town or Ý Use S) & Page Zonling Dept. -84 Washburn 0 0 T Plumber: Agent Mailing Address (include CONDITIONAL USE

City/State/Zip: None \Box Distance Structure is from Shoreline: Distance Structure is from Shoreline: bedrooms 65-02-Leun w N cooking & food prep facilities) Lot(s) No. 으, # Ч Washbur 1686 -303-0w-4 Width: ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) None Portable (w/service contract) (New) Sanitary Block(s) No. Municipal/City Compost Toilet What Type of Sewer/Sanitary System Is on the property? É SPECIAL USE City/State/Zip): 0 Volume Recorded 14845 feet Specify Type: $^{\mathcal{C}}_{\mathcal{M}}$ Dimensions E. Is Property in Floodplain Zone? □ B.O.A. 0000 $\times | \times | \times$ \times \times l×l×l Height: Height: 20 N 8 ☐ Yes ☐ No (i.e. Property Ov Attached Written Authorization Plumber Phone: Cell Phone: 7/5-29 2-1498 Telephone: Page(s) OTHER 5 S Are Wetlands Present? Footage Square □ Yes 682 0 Š City □ City 1 Water 20

Attach
Copy of Tax Statement
f you recently purchased the property send your Recorded Deed

Owner(s):

are Multiple

must sign

or letter(s) of authorization must accompany this application)

Date

Date

Address to send permit

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter

of authorization

must accompany this

Please complete (1) - (7) above (prior to continuing)

Ondoss-gen

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

					Sembook to Filey (1 of capic, composting)
			FI D D		Sathack to Brian (Portable Composting)
			Feet		Setback to Drain Field
Feet		Setback to Well	Feet	O_	Setback to Septic Tank or (Holding Tank) 2.60
	720				
Feet		Elevation of Floodplain	Feet	370	Setback from the East Lot Line
□ No	□Yes	20% Slope Area on property	Feet	סקרצי	Setback from the West Lot Line
Feet		Setback from Wetland	Feet	560	Setback from the South Lot Line
			Feet	60	Setback from the North Lot Line
Feet	*********	Setback from the Bank or Bluff	Alexandra (
Feet		Setback from the River, Stream, Creek	Feet	2361	Setback from the Established Right-of-Way
Feet		Setback from the Lake (ordinary high-water mark)	Feet	7007	Setback from the Centerline of Platted Road
	-			•	
Measurement	Measu	Description	Ħ	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum req other previously surveyed corner or marked by a licensed surveyor at the owner's expense. ired setback, the bo dary line from which the setback must be ed must be visible from one prev

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:		
Permit #: 1/6-6383	Permit Date: 16-84-16		
Is Parcel a Sub-Standard Lot	ws Lot(s)) WNo Mitigation Required ☐ Yes	ed Yes Mio	Affidavit Required
Granted by Variance (B.O.A.)	Previously Grante	Previously Granted by Variance (B.O.A.) Case #	** NA
Was Parcel Legally Created Dives □ No <u>井TF ろんいこもい</u>	Were Property Were Property	Were Property Lines Represented by Owner Was Property Surveyed	¶ayes □ No
Inspection Record: 5x1sting addition on East Side of building. Purnit is After the Fact (ATF).	IN EAST SIDE OF A		Zoning District (Ag-1) Lakes Classification (—)
Date of Inspection: $\frac{7}{2}/2$	Inspected by: Robert Schirman	John Crasso	Date of Re-Inspection:
Condition(s)Town, Committee or Board Conditions Attached? 「Yes No III No they need to be attached.) たいとうない こうしん こうしん こうしん こうしん こうしん こうしん しょうしょうしょう しょうしょうしょうしょう しょうしょうしょうしょう しょうしょうしょう しょうしょうしょうしょうしょうしょうしょう しょうしょうしょう しょうしょうしょう しょうしょうしょう しょうしょうしょう しょうしょう しょうしょうしょうしょうしょう しょうしょうしょう しょうしょうしょうしょうしょう しょうしょうしょうしょうしょう しょうしょうしょうしょうしょう しょうしょうしょう しょうしょうしょう しょうしょうしょう しょうしょうしょうしょうしょうしょうしょうしょうしょうしょうしょうしょうしょうし	Jed? 「Yes 「No-Ilf No they need to be a	ttached.)	house
habitation)	<i>'</i> '		
Signature of Inspector:			Date of Approval:
Hold For Sanitary:	Hold For Affidavit:	Hold For Fees:	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Desire Etempor Rectative (1) UTU

Permit #: Refund: Date: Amount Paid: 10-24-16 10-34-16 16-0384

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made navable to: Ravifield County Zoning Denartmen

007 13 2016

Washburn, WI 54891 (715) 373-6138

	Owner's Name:	TYPE OF PERMIT REQUESTED→ X LAND USE □ SANITARY □ PRIVY □ CONDITIONAL USE □ SPECIAL USE	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO SAMPERANTS OF A STATE OF COLOR	Checks are made payable to: payment county coming preparations.
Who was a second	Mailing Address:	NITARY PRIVY CONDIT		Madialata Janya Bank
C. C. C.	City/State/Zip:	IONAL USE SPECIAL USE B.O.	A Part of the Advantage	
	Telephone:	.A. OTHER_		

7508 Authorized Agent: (Person Address of Property: SIN PROJECT LOCATION Section 1/4, Sod , Township 5 Legal Description: (Use Tax Statement) onlesses Signing Application on behalf of Ow 1/4 J. 3 N, Range £----er(s)) 208 Lot(s) Washburn
Contractor Phone: City/State/Zip: PIN: (23 digits) ¥ Agent Phone: Town of: is such shown a 2-48-05-Page WI Plumber: Agent Mailing Address (include City/State/Zip): 02-363-060-2600 Lot(s) No. 14245 Block(s) No. /State/Zip): Written Authorization
Attached

Recorded Document: (i.e. Property Ownership)

Volume 352 Page(s) 228 Lot Size Subdivision: 240 Cell Phone: Plumber Phone: 1511-656-51E Acreage 26

Value at Time of Completion	X Non-Shoreland	☐ Shoreland —> [
Project # of Stories		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue —▶	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	A CONTRACTOR OF THE CONTRACTOR
# What Type of		Distance Structure is from Shoreline :	Distance Structure is from Shoreline :	
/pe of		⊒ Yes ⊒ No	Is Property in Floodplain Zone?	
Water	anning.	□ Yes	Are Wetlands Present?	

Value at Time of Completion *include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
1 mm 1 m	XNew Construction	☐ 1-Story	☐ Seasonal		☐ Municipal/City	□ City
	☐ Addition/Alteration ☐ 1-Story + Loft	☐ 1-Story + Loft	∠ Year Round	7	[(New) Sanitary Specify Type:	∃Well
) ()	☐ Conversion	★2-Story		<u> </u>	Sanitary (Exists) Specify Type: #1	
	☐ Relocate (existing bldg)	Basement			Privy (Pit) or Vaulted (min 200 gallon)	
	☐ Run a Business on	☐ No Basement		None	☐ Portable (w/service contract)	L
	Property	□ Foundation			☐ Compost Toilet	I
		Z 3/64			□ None	

oposed Construction: Length:	isting Structure: (if permit being applied for is relevant to it) Length: $oldsymbol{artheta}4$ '	
Width:	width: 24	
Height:	Height: 31	

Proposed Use	Proposed Structure	Dimensions	Square Footage
	Principal Structure (first structure on property)	(x)	***************************************
	Residence (i.e. cabin, hunting shack, etc.)	(x)	
	with Loft	(x)	
Residential Use	with a Porch	(x)	
Hec'd for Issuance	with (2 nd) Porch	(x)	
)	with a Deck	(x)	
	with (2 nd) Deck	(X)	
Commercial Use	with Attached Garage	(×)	
Cecretarial Start	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)	(x)	
	Mobile Home (manufactured date)	(x)	
	Addition/Alteration (specify)	(X)	
Municipal Use	Accessory Building (specify)	(x)	
-	Accessory Building Addition/Alteration (specify)	(x)	
	Special Use: (explain)	(X)	
	Conditional Use: (explain)	~ ×	
4	Other: (explain) Casy ex Sign Garage to Kes	(40 × 40)	576

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Authoriz	(If there	Owner(s):
Authorized Agent:	re are Multipl);
	Whitiple Owners listed on the Deed All Owners must sign \underline{or} letter(s) of authorization must accomp	July 18
	sted on the	h
	Deed All Ov	
	vners must	
	sign <u>or</u> lett	
	er(s) of aut	
	horization ı	
	nust accom	
	npany this apı	
	application)	

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Date

Date

8-23-14

eld County, WI

House



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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138



OCT | 3 2016

Refund:	Amount Paid:	Date:	Permit #:
	\$150 10-13-16	10-24-16	16-0385

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Value at Time of Completion * include	Non-Shoreland	_ Shoreland —▶		Section Soc	N 1/2 1/4, Sa3 1/4	PROJECT LOCATION	Authorized Agent: (Per		75100 02	Josephs Tetzner	Owner's Name:	TYPE OF PERMIT REQUESTED-	DO NOT START CONSTRUC
Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue →	Section So. Township 748		Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		ortopicyon Port	ctanes		QUESTED JU LAND USE	DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
# of Stories and/or basement		in 1000 feet of Lake,	in 300 feet of River, s	N, Range ROS W	Gov't Lot Lot(s)			. Cc		± 0		ID USE 🗆 SANITARY	IVE BEEN ISSUED TO API
nt Use		Pond or Flowage If yescontinue	Stream (incl. Intermittent) If yes—continue	v washburn	CSM Vol & Page	PIN: (23 digits) 04-050 - 2 - 48 - 05-02 - 3 03-000 - 206673	Agent Phone:	Contractor Phone:	Washburn WI	75/08 alcson	Mailing Address:	□ PRIVY	PLICANT.
# of bedrooms		Distance Struct	Distance Struct	3	Lot(s) No.	5-02-303	Agent Mailing Addre	Plumber:	53,831	Ry 1.Jas		☐ CONDITIONAL USE	4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4
What Type of Sewer/Sanitary System Is on the property?		Distance Structure is from Shoreline :	Distance Structure is from Shoreline:	Lot Size	Block(s) No. Subdivision:	- ಇರ್ಟ್ Volume_	Agent Mailing Address (include City/State/Zip):			(Jashburn WI SYES)	ste/Zip:	JSE 🗆 SPECIAL USE	
pe of ry System		□ Yes	Is Property in Floodplain Zone?	Acreage 30	on:	Decument (i.e. Property Page(s)	Written Author Attached	Plumber Phone	1134		Telephone	🗆 в.о.а. 🗀 о	
Water		□ Yes	Are Wetlands Present?	6		(i.e. Property Ownership) Page(s) 228	Written Authorization Attached Pes No	hone:	1	Cell Phone: アバラープリン	12	OTHER	

Proposed Construction:	Existing Structure					, 1350		.		Value at Time of Completion * include donated time &
uction:	Existing Structure: (If permit being applied for is relevant to it)			Property	☐ Run a Business on	Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
	r is relevant to it)			□ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	∠ 1-Story	# of Stories and/or basement
Length: 27	Length: W 80							🛨 Year Round	□ Seasonal	Üse
	00				None		3	□ 2		# of bedrooms
Width: 20 Height: 15	Width: 50 SO Height:		□ None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type: +1	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
5	18,	•				lon)	***************************************	Well	☐ City	Water

		*****			Municipal Use				Commercial Use				Residential Use				Proposed Use
					Π,	*											<
Other: (explain)	Conditional Use: (explain)	Special Use: (explain)	A Department of the Control of the C	Accessory Building Addition/Alteration (specify)	Accessory Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.)	Principal Structure (first structure on property)	Proposed Structure
	_	^				(20 0	_	_	((_	^	_		Din
×	×	×		×	×	x 27)	×	×	×	×	×	×	×	×	×	×	imensions
						S40	The state of the s										Square Footage

Owner(s): (If there are Multiple C FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) acknowledge that I (we) aim (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection. Owners listed on the Deed All Owners must sign $\overline{ ext{or}}$ letter(s) of authorization must accompany this application) Date 名

	> .+ () >		

Date

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be Hold For Sanitary: Granted by Variance (B.O.A.) Issuance Information (County Use Only) Setback to Privy (Portable, Composting)
Prior to the placement or construction of a structure within ten or marked by a licensed survey Setback from the **South** Lot Line Setback from the **West** Lot Line Setback from the **East** Lot Line Setback from the Condition(s):Town, Committee Previously
Date of Inspection: Permit Denied (Date): Setback to Drain Field Setback from the North Lot Line Signature of Inspector: D Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Was Parcel Legally Created Was Proposed Building Site Delineated Please complete (1) - (7) above (prior to continuing) to Septic Tank or Holding Tank 2880 Show any (*): Show any (*): Show: Show: Show Location of: Centerline of Platted Road Established Right-of-Way Setbacks: (measured to the closest point) Show / Indicate: Show Location of (*): Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W) NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits. Description 501 rs. x 1/27/16 11/16/2/16 0 Case #: □ Yes Hold For TBA: <u>ح</u> Pres | No Zyishing 505 Proposed Construction

North (N) on Plot Plan

(*) Driveway and (*) Frontage Road (Name Frontage Road)

All Existing Structures on your Property

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond

(*) Wetlands; or (*) Slopes over 20% ins Attached? Structure 25E いなん 58H 81S Sanitary Number: Inspected by: Dry Reason for Denial: Measurement □ Yes □ No Hold For Affidavit: + Add. +.0 NO NO NO Feet Feet Feet Feet Feet 0 Feet Marked 09-305 (If No they need to be 94-16 but 2 Mitigation Required Mitigation Attached Previously Granted by Variance (B.O.A.) Setback from Wetland
20% Slope Area on property
Elevation of Floodplain Were Property Lines Represented by Owner
Was Property Surveyed Setback to Well Setback from the River, Stream, Creek Setback from the Bank or Bluff dary line from which the setback must be measured must be visible from Setback from the Lake (ordinary high-water mark) 500 11100 Jehner MAN attached.) Changes in plans must be approved by the Planning & Zoning Dept. Hold For Fees: # of bedrooms: □ Yes Description 40 ₩ No Case #: Affidavit Required Affidavit Attached □ Yes Sanitary Date: Lakes Classification Zoning District Date of Re-Inspection: Date of Approval: * 2 Yes Measurement ☐ Yes (0)/53 步 corner to the Feet No Feet S S \$ S Feet Feet Feet Feet

Draw or Sketch your Property (regardless of what you are applying for)



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SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

The stall of the st

Permit #: Date: Amount Paid: 10-24-16 16-03875

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

일코 Bayfield Co. Zoning Dept.

dress of Property: City of Property: Contractor: Contractor: Contractor: PROJECT LOCATION Legal Description: (Use Tax Statement) N. 12 1/4, Sul 1/4 Section Se	City/State/Zip: いいいちょうしょう いま る Contractor Phone: Plumber Agent M PIN: (23 digits) 04- CSM Vol & Page	Plumber: Agent Mailing Add Agent Mot(s) No.	Plumber: Agent Mailing Address (include City/State/Zip): Recorde Volume Lot(s) No. Block(s) No. Subdivis	state/Zip): Recorded Docur Volume Subdivision: Lot Size	### Plumber Phone: Plumber Phone: Plumber Phone: Plumber Phone: Plumber Phone: Plumber Phone: Page(s) Page(s)
s. Tetzner	TSTO Economics Pd		wasten we sign	14.975	Cell Phone:
	Mailing Address:		City/State/zip:		l elephone:
	75108000000000		Justem madeline	72.63.7 20.63.7	
	City/State/Zip:			1	Cell Phone:
The colours of the					マルマ・ラン
tractor:		Plumber:			Plumber Pł
horized Agent: (Person Signing Application on behalf of Owner(s))		Agent Mailing	Address (include City/	state/Zip):	Written Au Attached
	PIN: (23 digits)			Recorded Docur	nent: (i.e. Proper
	04			Volume	Page(s)
Gov't Lot	CSM			Subdivision:	
				Lot Size	Acreage
		5			g
요 []]	<pre>if yes—continue —></pre>	Distance S	Distance Structure is from Shoreline:	4	Is Property in Floodplain Zone?

ڃ

☐ Shoreland

 $\hfill\Box$ is Property/Land within 1000 feet of Lake, Pond or Flowage If yes.~-continue

Distance Structure is from Shoreline : feet Distance Structure is from Shoreline:

feet

Is Property in Floodplain Zone?

Are Wetlands
Present?
□ Yes
□ No

Proposed Construction:	Existing Structure					> 4< >>> □ Conversion	>		Value at Time of Completion * include donated time & material	☐ Non-Shoreland
uction:	Existing Structure. (if permit being applied for is relevant to it)	was and delicated the state of	Property	☐ Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	⊿ New Construction	Project	
	or is relevant to it)		☐ Foundation	□ No Basement	☐ Basement	2-Story	☐ 1-Story + Loft	1-Story	# of Stories and/or basement	
Length:	Length: &C						Year Round	☐ Seasonal	Úse	
				None		□ 33	2	Г	# of bedrooms	
Width: Height:	Width: (06 Heig	None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	E Sanitary (Exists) Specify Type: H	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?	
e+	Height: 23 '				00 gallon)		Twell	_ City	Water	

	>	Other: (eynlain)		
	<			
174	×	Conditional Use: (explain)		
	×	Special Use: (explain)		
		and the second s		
	×	Accessory Building Addition/Alteration (specify) (-
23.780	06 × 90	Accessory Building (specify)	×	Municipal Use
	×	Addition/Alteration (specify)		
	X	Mobile Home (manufactured date)		
	×	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		
a	×	with Attached Garage		Commercial Use
	×	with (2 nd) Deck		
	×	with a Deck		
	×	with (2 nd) Porch		
	×	with a Porch		Residential Use
	×	with Loft		
	×	Residence (i.e. cabin, hunting shack, etc.)		
The state of the s	×	Principal Structure (first structure on property) (
Footage	Dimensions	Proposed Structure	۷.	Proposed Use
721575				

AUGNE described higher(s) and a local industriant on the Part of t	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES [(we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the
378-16	N PENALTIES is true, correct and complete. I (we) acknowledge that I (we) is true, correct and complete. I (we) further accept liability which whether to issue a permit. I (we) further accept liability which with administering county ordinances to have access to the

Authorized Agent:

(If there are Multiple)Owners listed on the Deed All Owners must sign or letter(s) of authorization

Address to send permit

Owner(s):

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

must accompany this application)

(2) Show Indicate: (*) (3) Show Location of (*): (*) (4) Show: All (5) Show: (*) (6) Show any (*): (*) (7) Show any (*): (*)	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	(*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	3/or (*)
		Attached	
Please complete (1) – (7) above (prior to continuing)	ontinuing)	Changes in plans must be ap	Changes in plans must be approved by the Planning & Zoning Dept.
(8) Setbacks: (measured to the closest point) Description Meas	(Measurement)	Description	Measurement
Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	275 Feet 92 Feet	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Sethack from the Rank or Riuff	ter mark) Feet
Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line	102 Feet 475 Feet 152 Feet 1002 Feet	Setback from Wetland 20% Slope Area on property Elevation of Floodplain	□ Yes V
Setback to Septic Tank & Holding Tank > > 500 Setback to Drain Field Setback to Privy (Portable, Composting)	>500 Feet Feet Feet	Setback to Well	> 500
other previously surveyed corner or marked by a licensed surveyed per port to the placement or construction of a structure more than te one previously surveyed corner to the other previously surveyed marked by a licensed surveyor at the owner's expense.	rat the owner's expense. 7 (10) feet but less than thirty (30) feet from the owner, or verifiable by the Department by use	other previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (30) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setbar one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the promarked by a licensed surveyor at the owner's expense.	the proposed site of the structure, or must be
NOTICE: All Land Us For The Construction Of New The	Permits Expire One (1) Year from One & Two Family Dwelling: ALL N local Town, Village, City, State or F	NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	not begun. orm Dwelling Code.
Issuance Information (County Use Only) Permit Denied (Date):	Sanitary Number: Reason for Denial:	// A# of bedrooms:	Sanitary Date:
□ Yes	Permit Date:	〇-みリー/人 Nino Mitigation Required □ Yes がNo	Affidavit Required ☐ Yes 🔌 No
Is Structure Non-Conforming □ Yes Granted by Variance (B.O.A.)		y Variance (B.O.A.)	
illy Created	0 0	2 S	□ Yes
- L	C After the fac	4 (ATE) Per	Zoning District (AS)
1/27/20/6 mittee or Board Conditi	pected by: '	Scholary many of meed to be attached.)	Date of Re-Inspection:
Signature of inspector: Signature of inspector:	Hold For Affidavit:	wit: Hold For Fees:	Date of Approval 16/24/1

Draw or Sketch your Property (regardless of what you are applying for)

field County, WI Washbum. NO REPORT OF THE PROPERTY OF T 04050248050230300020000 04050248050230300030000

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